



Iowa Department of Human Services

INFORMATIONAL LETTER NO.1909-MC-FFS

DATE: June 1, 2018

TO: Iowa Medicaid Physicians, Physician Assistants (PA), Psychologists, Advanced Registered Nurse Practitioners (ARNP), Community Mental Health Centers (CMHC), Behavioral Health Services (BHS) Providers

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Accredited Crisis Response Services and Licensed Subacute Mental Health Services

EFFECTIVE: February 8, 2018

*****This letter replaces Informational Letter No. 1890-MC-FFS issued February 5, 2018*****

The billing guidance has been revised to address services that may not require a modifier or multiple modifiers.

[Informational Letter 1874-MC-FFS](#)¹ published on January 9, 2018, provided guidance regarding enrolling with Iowa Medicaid to deliver Crisis Response and Subacute Mental Health services.

This letter is intended to provide guidance regarding the provider qualifications, requirements and reimbursement for Crisis Response and Subacute Mental Health Services.

Crisis Response Services (Provider Type 80)

Accreditation Standards are located at [441 IAC 24.20 through 24.39](#)²
Medicaid Provider Qualifications are located at [441 IAC 77.55](#)³
Medicaid Service Requirements are located at [441 IAC 78.60](#)⁴
Medicaid Reimbursement Methodology is located at [441 IAC 79.1\(2\)](#)⁵

Subacute Mental Health Services (Provider Type 81)

License Requirements are located at [481 IAC 71](#)⁶
Medicaid Provider Qualifications are located at [441 IAC 77.56](#)⁷
Medicaid Service Requirements are located at [441 IAC 78.31](#)⁸

¹ [https://dhs.iowa.gov/sites/default/files/1874-MC-](https://dhs.iowa.gov/sites/default/files/1874-MC-FFS_ProviderEnrollmentAccreditedCrisisResponse_SubacuteMentalHealthServices.pdf)

[FFS_ProviderEnrollmentAccreditedCrisisResponse_SubacuteMentalHealthServices.pdf](https://dhs.iowa.gov/sites/default/files/1874-MC-FFS_ProviderEnrollmentAccreditedCrisisResponse_SubacuteMentalHealthServices.pdf)

² <https://www.legis.iowa.gov/law/administrativeRules/rules?agency=441&chapter=24&pubDate=01-03-2018>

³ <https://www.legis.iowa.gov/docs/iac/rule/01-03-2018.441.77.55.pdf>

⁴ <https://www.legis.iowa.gov/docs/iac/rule/01-03-2018.441.78.60.pdf>

⁵ <https://www.legis.iowa.gov/docs/iac/rule/01-03-2018.441.79.1.pdf>

⁶ <https://www.legis.iowa.gov/docs/iac/chapter/01-03-2018.481.71.pdf>

⁷ <https://www.legis.iowa.gov/docs/iac/rule/01-03-2018.441.77.56.pdf>

Medicaid Reimbursement Methodology is located at [441 IAC 79.1\(2\)](#)⁹

Prior Authorization

Prior Authorization is not required for FFS Crisis Response or Subacute Mental Health services. The department will be conducting post service medical necessity reviews. The MCOs will be communicating Prior Authorization requirements for their MCO.

Procedure Codes and Reimbursement Rates

CMHC and BHS providers that have been billing 90791, 90839, 90840, 99510 and S9485 may continue to deliver those services in accordance with the published [Mental Health and Substance Abuse Service Fees and Rates](#)¹⁰ schedule posted on the DHS [Fee Schedules](#)¹¹ web page.

Providers wanting to be reimbursed according to the published [Crisis Response and Subacute Mental Health Service](#)¹² fee schedule must be specifically enrolled with the IME as a Crisis Response Service or a Subacute Mental Health Service provider.

Twenty-three Hour Crisis Observation and Holding, Crisis Stabilization per Diem and Subacute Mental Health services are reimbursed as a daily per diem and the rate paid is considered “all inclusive”, meaning that all psychological services are the responsibility of the facility and may not be billed separately to Medicaid. Facilities may bill Medicaid separately for such services as prescription drugs, eyeglasses, and physician services.

Billing FFS Medicaid

When billing the IME for Crisis Response or Subacute Mental Health services, a valid ICD-10 mental health diagnosis code must be entered on the claim form in addition to the procedure and revenue code. Claims billed without a valid mental health diagnosis code will be denied.

When billing the IME for Crisis Response and Subacute Mental Health services, the appropriate specialty modifier (AF, HO, HP, SA, TD, U1, U2 HN or HM), if required, must be entered in the first modifier position in addition to the procedure code and revenue code on the CMS 1500 and UB-04 claim form to reflect which specialty is providing the services. Claims billed without a credentialing modifier entered on the claim, when required, will be denied.

When billing the IME for Crisis Response services, S9484 and S9485, the appropriate location modifier (TG or TF) must be entered to reflect that the service was rendered in the community or in a residential program. Claims billed without the location modifier entered on the claim will be denied.

When billing the IME for Crisis Response services, the (U3) should be added after any other modifiers required on the procedure code to reflect that the service was rendered by a certified Crisis Response service provider. Claims billed without the service modifier entered on the claim will be denied.

⁸ <https://www.legis.iowa.gov/docs/iac/rule/01-03-2018.441.78.61.pdf>

⁹ <https://www.legis.iowa.gov/docs/iac/rule/01-03-2018.441.79.1.pdf>

¹⁰ https://dhs.iowa.gov/sites/default/files/Mental_Health_SubstanceAbuseFees_and_Rates.pdf

¹¹ <http://dhs.iowa.gov/ime/providers/csrp/fee-schedule>

¹²

https://dhs.iowa.gov/sites/default/files/Crisis_Response_and_Subacute_Mental%20Health_Services_Fee_Schedule.pdf

<u>MHSA Fee Schedule Service</u>	<u>Chapter 24 Service Title</u>	<u>Claim Type</u>	<u>Revenue Code</u>	<u>Procedure Code</u>	<u>Specialty Modifiers</u>	<u>Location of Service Modifier</u>	<u>Certified Crisis Response Services Modifier</u>	<u>Unit of Service</u>
Psychiatric Diagnostic Evaluation-no Medical Services	Crisis Evaluation	CMS 1500		90791	AF HO HP SA TD U1 U2		U3	Encounter
Psychotherapy for Crisis, Initial 60 Minutes	24 Hour Access to Crisis Response	CMS 1500		90839	AF HO HP SA TD U1 U2		U3	60 Minutes
Psychotherapy for Crisis, Additional 30 Minutes	24 Hour Access to Crisis Response Add 30 Min	CMS 1500		90840	AF HO HP SA TD U1 U2		U3	30 Minutes
Mobile Counseling - Hourly Unit	Mobile Response Per Hour	CMS 1500		99510	HO HP SA TD U1 HN HM		U3	60 Minutes
Crisis Intervention Mental Health	23 Hour Crisis Observation and Holding	UB-04	762	S0201			U3	Per Diem 8 to 23 Hours
Crisis Intervention Mental Health Services, Per Hour	Crisis Stabilization Per Hour Community or Residential	CMS 1500		S9484	HP HO TD U1 HN HM	TG TF	U3	60 Minutes
Crisis Intervention Mental Health Services, Per Diem	Crisis Stabilization Per Diem, Community or Residential	UB-04	761	S9485		TG TF	U3	Per Diem 8 to 24 Hours

<u>MHSA Fee Schedule Service</u>	<u>Chapter 24 Service Title</u>	<u>Claim Type</u>	<u>Revenue Code</u>	<u>Procedure Code</u>	<u>Specialty Modifiers</u>	<u>Location of Service Modifier</u>	<u>Certified Service Modifier</u>	<u>Unit of Service</u>
Subacute Mental Health Services		UB-04	0190	H2013				Per Diem 8 to 24 Hours

Specialty Modifier Description	Professional Modifier	Location Modifier	Chapter 24 Certified Service
Specialty Physician	AF		
Physician's Assistant	U2		
Master's degree level/ LMHC	HO		
Doctoral level/ Psychologist	HP		
ARNP	SA		
RN	TD		
ACADC/CADC	U1		
Bachelors Level	HN		
Paraprofessional / Peer	HM		
Community		TF	
Residential		TG	
Certified Crisis Response Service			U3

Each Managed Care Organization (MCO) utilizes their own claims payment system and may have billing procedures which vary from FFS policy. It is important that providers review the MCO's claims instructions and submit claims for payment in accordance with the MCO's policies.

The IME has detailed FFS [Claim Forms and Instructions](#)¹³ for all providers on the DHS website.

Questions regarding Crisis Response Services and Subacute Mental Health Services may be addressed to LeAnn Moskowitz, Program Manager at lmoskow@dhs.state.ia.us.

¹³ <http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage>